

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

DOMESTIC VIOLENCE BATTERERS INTERVENTION SERVICES

A Batterers Intervention Program (BIP), Certified by the Indiana Coalition Against Domestic Violence (ICADV), shall be utilized by DCS as a preferred contract provider of services for domestic violence offenders/batterers in keeping with I.C. 35-50-9. If a contract service provider is needed in an area in which an ICADV Certified BIP is not available, the service provider must adhere to the DCS standards listed below. The ICADV BIP standard offers multiple certification tracks to promote the certification and ethical operation of BIPs in all areas of the state.

I. Service Description

- A. Definition of Domestic Violence (Indiana Coalition Against Domestic Violence [ICADV] definition)
 - 1. A pattern of assaultive or coercive behavior, including physical, sexual, or psychological attacks, as well as economic coercion, that adults or adolescents use against an intimate partner. Intimate partners include spouse, former spouse, those living or having lived as if a spouse, those having a child in common, those having a past or current sexual relationship, or a past or current dating relationship.
- B. The batterer or offending parent may be selected for service delivery of Domestic Violence Batterers Intervention Services.
- C. Batterers' intervention services shall not exist in isolation, as it represents only one component of a coordinated community response to domestic violence.
- D. Services shall maintain cooperative working relationships with local programs (domestic violence programs and shelters, survivor programs, law enforcement, courts, advocates, legal services, etc.).
- E. Services shall focus on victim safety, batterer accountability, and community collaboration, in that order. Services should be non-abusive, support change, and hold program clients accountable for their behavior.

II. Service Delivery

- A. If a contract service provider is needed in an area of the state where there is not an ICADV certified BIP, the service provider must adhere to the DCS standards listed below. All services must align with the ICADV approved BIP Standards.
- B. Administration and Personnel

1. Principles of Practice: Safety, accountability, and collaboration, in that order of importance, constitute the minimal foundation for responsible work with people who use violence.
2. BIPs are advocates for victims of violence, who happen to work with the perpetrators of abuse.
3. Service Providers will adhere to the Principles of Practice, incorporate them into the program's policies, procedures, and practice. The minimum principles of practice are as follows:
 - a) The safety, rights, and confidentiality of victims must be a BIP service provider's highest priority.
 - b) Service providers should never collude with, tolerate, or accommodate abuse.
 - c) Ending violence and abuse takes precedence over efforts to save relationships.
 - d) Service providers work compassionately with participants and treat all with dignity.
 - e) Group sessions should consist of same gendered participants only.
 - f) Service providers must be vigilant against becoming an advocate or legal witness on behalf of the participants and must use caution when responding to requests for impressions, opinions, information or testimony.
 - g) Service providers depend upon a consultative relationship with advocates who work directly with victims to ensure quality programming.
 - h) Before a service provider can be considered fully accountable, it is imperative that they make every effort to advocate for and participate in a larger coordinated community response to domestic violence. Certified BIPs alone do not create accountability.
 - i) Service providers will advocate that domestic violence is a criminal behavior and must have consequences and/or sanctions that hold batterers accountable.
 - j) Couples counseling is not an appropriate intervention for domestic violence and may place the victim at heightened risk.
 - k) Domestic violence is not an anger problem; it is coercive power and control behavior. Anger management programs are not an appropriate intervention for domestic violence and may place the victim at heightened risk.

- l) Educational group sessions must be the primary approach. Substance abuse treatment, addictions treatment, and individual treatment are not appropriate interventions for domestic violence. However providers may find participants benefit from these interventions separately and in addition to batterers' intervention programming.
 - m) Service providers will not make representations implying that program completion will result in non-abusive behaviors or victim safety.
 - n) If BIP is being provided to a youth population, safety of the youth must be a priority. Safety plans should be developed with the youth and the Family Case Manager/Probation Officer. Curriculum must be modified to be applicable for youth level of understanding.
4. Provider Code of Ethics: Service providers will agree to follow the BIP provider code of ethics. The BIP code of ethics can be found in the ICADV BIP Service Standards. These standards are published on the ICADV website at www.icadvinc.org.

C. Accountability

1. Provider must respect participant confidentiality unless otherwise specified by the client-provider contract which must include the below entities to which confidentiality does not apply.
2. Failure to maintain confidentiality may result in immediate termination of the service agreement between DCS and the provider.
3. Provider shall conduct intake with batterer within 5 days after referral by DCS. Intake shall include:
 - a) Acknowledgment of past and current use of physical and sexual violence, including other abusive behaviors, within and outside of intimate relationships
 - b) Substance abuse screening
 - c) Screening for history of mental illness or trauma and
 - d) Identification of current threats or ideations of homicide or suicide/self-harm.
4. Confidentiality Notification: To further promote safety of victims, the service provider will develop a policy and procedure requiring participants to sign an explicit, Confidentiality Notification at the time of intake.

- a) This notification will give the service provider permission to make reports, to testify, to otherwise communicate as needed, and to disclose participant file and other information regarding the participant to each of the following that apply at the sole discretion of the program:
 - (1) The referral source(s) including DCS/probation,
 - (2) The court, prosecutor, police, probation and child protective agency of the referring county,
 - (3) The victim or designated advocate,
 - (4) Administrative and professional personnel who need information for record-keeping, monitoring, or professional development,
 - (5) An entity or person to whom the program is legally bound to report suspected abuse or neglect of a child or protected adult,
 - (6) Any person to whom the program must report in order to fulfill its duty to warn or protect,
 - (7) The notification may include a specified end date, but an exception must be included in the text of the notification that extends the notification beyond the end date where necessary in order to prevent the participant from avoiding legal consequence from criminal or violent acts or in order for the program to respond to a court subpoena for information or testimony.
5. Participant Contract: The service provider will develop a policy and procedure requiring participants to sign a contract that includes but is not limited to the following:
 - a) I will not abuse anyone else or myself as long as I am in this program. This includes verbal, emotional, sexual, financial, and psychological abuse; threats of suicide; and threats of violence. If I commit an act of abuse towards another person or myself, I will inform the program staff of what happened. I will openly talk about the situation and accept the consequences for my behavior.
 - b) I agree that the reason I am in the program is to learn not to be violent or abusive. I will not be violent or abusive in this group or in my personal life.
 - c) I will participate openly, honestly, and actively in educational group discussions, and I will abide by all program group rules. If personal problems arise (e.g. drug abuse, mental health issues) I will seek appropriate treatment as a condition of my participation in the program. I will voluntarily cooperate if program staff requests that I obtain an assessment.

- d) I will provide the correct address and phone number of the victim of my violence and will notify program staff of any changes.
- e) I understand that the safety of others and me is priority and will be enforced by the program staff.
- f) I understand that all suspected child abuse and neglect will be reported as defined by Indiana law.
- g) I understand that all suspected battery, neglect, or exploitation of an endangered adult will be reported as required by Indiana law.

6. Participant Expulsion: The service provider will develop a policy and procedure for expulsion of a participant so that decisions are uniform and predictable and discrimination does not occur against any participant based on actual or perceived race, class, age, handicap, religion, educational attainment, ethnicity, national origin, sex, sexual orientation, or gender identity. The following are minimum grounds for expulsion and should be included in the service provider's policy and procedures:

- a) Continued abuse or physical violence.
- b) Failure to comply with the attendance policy.
- c) Failure to comply with conditions of the participant's contract, such as involvement in a substance abuse program for drugs and alcohol, involvement with mental health treatment, etc.
- d) Violation of educational group and/or program rules.
- e) Violation of a court order pertaining to violence and/or abuse or intervention process.
- f) Bringing weapons or illegal substance to program property.
- g) Threats or violence to staff.

D. Program Curriculum and Content

1. Program Curriculum: Any service provider curriculum used or developed for batterers' intervention programming will be based on ICADV approved curriculum content rather than on participant's individual assessment or treatment plan.

- a) The central focus of any curriculum will be based on participant responsibility and accountability for their beliefs and actions.
- b) It will actively challenge all abusive behaviors and/or victim blaming. Curriculum must include the following:
 - (1) Definition of domestic violence.
 - (2) Dynamics of power and control.
 - (3) Socialization, including gender roles and equality.
 - (4) Domestic violence effects on children.
 - (5) Parenting after violence.
 - (6) Responsibility for past and future abusive behaviors.

- (7) Relationship between substance abuse, mental illness, and acts of violence with a distinction that there is not a cause and effect relationship.
 - (8) Challenging the beliefs that promote abusive behavior.
 - 2. Program Structure and Content: Service providers will develop detailed policies and procedures to address, at a minimum, the following:
 - a) All Principles of Practice are incorporated into program policies and procedures.
 - b) How client and community requests for couples counseling will be addressed.
 - c) How program completion is defined. The ICADV BIP standard requires, at a minimum, each participant must attend 26 weekly sessions, lasting at least 90 minutes each.
 - d) How many sessions are considered educational group sessions. The ICADV BIP standard requires, at a minimum, 24 of the 26 sessions must be educational group sessions.
 - e) How educational group sessions will be staffed with qualified providers.
 - f) How communication regarding program completion will be characterized. (Note. Certified service providers are required to include the following statement “Program completion is not predicative of future nonviolence or non-abusive behaviors” on all completion materials (i.e. letter/certificate).
 - g) How BIP sessions will reflect an awareness of cultural diversity.
 - h) How non-compliance with the contract, court order, or group rules will be documented in writing.
 - i) How referral sources and/or the survivor will be notified of the expulsion of a mandated participant.
 - j) How services will be made available to participants who have limited daytime availability.
- E. Victim Safety and Community Collaboration
 - 1. Provider Monitoring: On-going monitoring is mandatory for any service provider.
 - a) Monitoring is the most important method by which a provider remains open and responsive to the perspective of victims of domestic violence.
 - b) Service providers will establish a memorandum of understanding (MOU) with a peer reviewed domestic violence victim advocate and/or program. Monitors shall not provide direct service to the group participants.

- c) The monitor is responsible for ensuring the providers comply with the following criteria:
 - (1) Did the session promote cessation of domestic violence and the overall safety and empowerment of victims of domestic violence?
 - (2) Did the provider hold participants accountable and responsible for their behavior?
 - (3) Did the provider protect the safety and confidentiality of the victim/partner/ survivor?
- d) The MOU with a recognized victim advocate/program must include/reference, at a minimum, the following criteria:
 - (1) Identification of the persons responsible for implementation
 - (2) A system for conflict resolution, in the event it is needed.
 - (3) A protocol that details how the service provider will record program sessions, or provide other meaningful ways that monitors will observe or listen to sessions.
 - (4) The frequency of monitoring.
 - (5) A statement that the monitor is not evaluating participants, and is obligated to honor participant confidentiality.
 - (6) Use of the ICADV approved monitoring form.
 - (7) A directive that monitors return all copies of recording and forms to program administration for confidential filing.
 - (8) A format and timetable for regular feedback to the service provider after each session.
 - (9) A commitment that the service provider will compensate monitors for services rendered in a manner that is mutually acceptable.

2. Contact With Victims

- a) Responsive Contacts: Service providers will establish policies and procedures in the safe and proper conduct of responsive contacts.
 - (1) Responsive contacts happen when the victim initiates contact with program staff for any reason.
 - (2) Program staff must be trained to handle such contacts appropriately as guided by ICADV. Policies and procedures must address, at a minimum, the following:
 - (a) Who will perform these contacts.
 - (b) How information provided by the victim will be documented and responded to in the safest and most professional manner.
 - (c) How the victim will be informed of their rights.

- (d) How the victim can access supportive resources, such as a victim advocate to discuss safety planning, identify areas of concern, or report re-offenses.
 - (e) How program staff will be trained in performing responsive contacts.
 - b) Duty to Warn: Service providers will establish policies and procedures in the safe and proper conduct of duty to warn contacts.
 - (1) BIP staff must make attempts to report the concern or threat of physical violence or other means of harm, in a timely manner to the following persons as relevant:
 - (a) Victim/partner/survivor;
 - (b) Courts, probation, or other referring agency;
 - (c) Law enforcement agencies located within jurisdiction.
 - (d) Policies and procedures must address, at a minimum, the following:
 - (i) What constitutes a duty to warn contact.
 - (ii) Who will perform these contacts.
 - (iii) How the duty to warn will contacts be performed.
 - (iv) How information will be documented.
 - (v) How will program staff be trained in performing duty to warn contacts.
 - c) Routine Contacts: Service provider electing to perform routine contacts will establish policies and procedures in the safe and proper conduct of routine contacts.
 - (1) Routine Contacts are the program standard practice of initiating contact with victims at certain intervals during and after the participant's enrollment.
 - (2) The intent of these contacts is to provide information and receive any input that the victim may choose to offer.
 - (3) While these contacts are encouraged, they are not required. Service providers electing to provide routine contacts must include policies and procedures that address, at a minimum, the following:
 - (a) Who will perform routine partner contacts. (Note: Only trained *victim advocates*, who are not providing direct services to the program participant, may perform routine contacts via the phone or in person.)

- (b) How these contacts will be performed.
- (c) What type of information will be provided in routine contacts. BIPs must provide, at a minimum, the following information:
 - (i) That victim safety takes precedence over the participant's rehabilitation.
 - (ii) Information on the program content, policies, procedures, and how they will dispel misinformation.
 - (iii) A reminder that program enrollment or completion is not a guarantee of current or future safety.
 - (iv) How the victim can access supportive resources, such as a victim advocate to discuss safety planning, identify areas of concern, or report re-offenses.
 - (v) An invitation for to attend support groups at a domestic violence program.
- (d) How BIP staff will be trained in performing routine contacts.

d) **General Standards Regarding Victim Contact:** Service providers must establish policies and procedures that require, at a minimum, the following:

- (1) Keeping partner contact records separate from the participant file and protect all such records from discovery or subpoena unless there is documented explicit consent by the victim involved.
- (2) Ensuring that telephones, mail, and other communication media are as secure as possible against intrusion by the participant or others.
- (3) Prohibiting any program staff from serving as an agent in furthering the interests of the participant in legal matters or in negotiating or mediating with victim in any way.
- (4) Establish policies and procedures to guide program staff in handling of communications and confrontations with the program participant regarding victim contacts. Policies and procedures must require, at a minimum, the following:
 - (a) Prohibiting any informing or confronting of the participant with information originating from the victim unless the victim has given explicit, informed consent, documented and dated.

- (b) Prohibiting any informing or confronting of the participant with information originating from the victim until a safety plan has been developed by the victim, anticipating a violent or abusive reaction to the confrontation.
- (c) A reminder to program staff that their reporting the product of partner contacts to the legal system is equal to confronting the participant, and should not be done without written informed consent from the victim. In cases when, by law, the program must report an incident without victim consent staff will allow the victim time for safety planning and will work with the victim and victim advocate to determine the timing and method of reporting that will maximize safety. An exception is reporting suspected child abuse/neglect as that should be reported to the DCS hotline upon learning of the suspected child abuse/neglect.

III. Target Population

- A. Services must be restricted to the following eligibility categories:
 - 1. Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment or CHINS status.
 - 2. Children and their families which have an IA or the children have a status of CHINS and/or JD/JS.
 - 3. Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

IV. Goals and Outcomes

- A. Goal #1: BIP participants will not continue to engage in assaultive or coercive behavior, including physical, sexual, or psychological attacks as well as economic coercion against an intimate partner.
 - 1. Outcome Measure 1: 90% of participants will acknowledge use of power and control in their relationship.
 - 2. Outcome Measure 2: 70% of program participants have no further involvement with the DCS or criminal justice system related to domestic violence for a 12 month period beginning with program enrollment.
 - 3. Outcome Measure 3: 80% of referrals will complete the full program.

- B. Fidelity Measures: Program fidelity/abiding by “best practices” is perhaps the best predictor of successful outcomes and provides an effective indirect measure.
1. An audit undertaken by a DCS employee or designee may be conducted to assure program accountability.
 2. Programs must clearly link daily practices to the following program fidelity issues:
 - a) Fidelity Measure 1: 90% of the supportive services (shelters, law enforcement, courts, advocates, legal agencies etc.) have a cooperative working relationship with the provider.
 - b) Fidelity Measure 2: 100% of the BIP provider staff focus on victim safety as evidenced by adherence to appropriate policies and procedures of the provider agency.
 - c) Fidelity Measure 3: 100% of program participants have an opportunity to participate in same-gender group sessions within 15 days of the referral.
 - d) Fidelity Measure 4: 75% of programs are available to participants who have limited daytime availability.
 - e) Fidelity Measure 5: 100% of groups are conducted by qualified personnel (see qualification section).
 - f) Fidelity Measure 6: 100% of the BIP referrals are offered a 26-week group curriculum for batterers.
 - g) Fidelity Measure 7: 80% of referrals have a provider contact attempted within 72 hours of referral and outcome of contact is documented.
 - h) Fidelity Measure 8: 100% of program participants sign an agreement/contract as outlined by ICADV Policies and Procedures for BIP providers.
 - i) Fidelity Measure 9: 100% of BIP providers will require staff to warn and protect victims, partners, children and others when and if the batterer has made a threat of violence as evidenced by adherence to appropriate policies and procedures of the provider agency.

V. Minimum Qualifications

- A. Initial Qualifications – Individuals must meet one of the following ICADV criteria in order to be deemed a qualified service provider by DCS:
1. Facilitator (BIP-F): To qualify to teach a certified BIP session an individual must show:
 - a) Participation in a full curriculum cycle of at least 26 different BIP sessions in a certified program to work on their own issues of power and control.
 - b) Co-facilitation of an additional full curriculum cycle of at least 26 different BIP sessions in a certified program with a certified senior facilitator which may take place concurrently with the participation in the curriculum cycle in separate groups.
 - c) Completion of 100 hours of formal training approved by ICADV. A minimum of 60 hours of this training must be specific to domestic violence. A minimum of 20 hours must be specific to BIP group facilitation. The remaining 20 hours shall include evidence of training in each of the following areas: cultural diversity, substance abuse, and mental health.
 2. Senior Facilitator (BIP-SF): To qualify to facilitate a class, supervise staff/trainees, and/or establish a new BIP, an individual must show:
 - a) Evidence of meeting all the requirements of a Facilitator.
 - b) Evidence of facilitating a minimum of 26 additional sessions as a Facilitator with a certified Senior Facilitator.
 - c) Completion of an additional 50 hours of formal training approved by ICADV. A minimum of 25 hours of this training must be specific to domestic violence. The remaining 25 hours shall include evidence of training in each of the following areas of ethics, cultural diversity, substance abuse, and mental health.
- B. To assist providers with replacing facilitators and to assist communities with no or limited BIP services, ICADV has developed two certification tracks,
1. Provisional Status (BIP-PVS): This certification track is designed for existing certified batterer intervention programs to swiftly and conscientiously hire BIP staff. To qualify for provisional status, an individual must show:
 - a) Evidence of participating in at least 6 different BIP sessions in a certified program to work on their own issues of power and control.
 - b) Evidence of co-facilitating at least 6 different BIP sessions in a certified program with a certified senior facilitator.

- c) Evidence of completing 100 hours of formal training approved by ICADV. A minimum of 60 hours must be specific to domestic violence. A minimum of 20 hours must be specific to BIP group facilitation. The remaining 20 hours shall include evidence of training in each of the following areas: cultural diversity, substance abuse, and mental health.
 - d) Individuals must complete the remaining observation and facilitation requirements of a Facilitator within one year of being granted provisional status.
2. Pending Status (BIP-PNS): This certification track is designed to assist in the development of BIP in underserved areas of the state; specifically, in areas of the state where there is not a BIP in the county or an adjacent county. Prior to applying for this certification track, ICADV will conduct a **needs assessment** to determine if the applicant is eligible for pending status. All applicants with an agency will show:
- a) Evidence of participating in 6-26 different BIP sessions in a certified program to work on their own issues of power and control.
 - b) Evidence of co-facilitating 6-26 different BIP sessions in a certified program with a certified senior facilitator.
 - c) A minimum of 6 sessions are required for both a. and b., but the certified senior facilitator has the discretion to require additional sessions.
 - d) Agencies will be required to provide to ICADV a letter of recommendation/support from a victim advocate, domestic violence judge, and/or prosecuting attorney from the county in which they will conduct sessions.

VI. Billable Units

A. Face To Face

- 1. Includes client specific face-to-face contact with the identified client/family during which the intake (including applicable screening), midpoint individual session, and discharge sessions are conducted.

- a) Per Person, Per Group (Facilitated by a certified BIP facilitator)
 - (1) Services include group goal directed work with clients – to be billed per client per hour attended
 - (2) Services may be billed in 15 minutes increments; partial units are rounded to the nearest quarter hour using the following guidelines:
 - (a) 0 to 7 minutes – Do not bill (0.00 hour)
 - (b) 8 to 22 minutes – 1 fifteen minute unit (0.25 hour)
 - (c) 23 to 37 minutes - 2 fifteen minute units (0.50 hour)
 - (d) 38 to 52 minutes – 3 fifteen minute units (0.75 hour)
 - (e) 53 to 60 minutes – 4 fifteen minute units (1.00 hour)

- b) Per Person, Per Group (Facilitated by a licensed Master’s Level staff)
 - (1) Services include group goal directed work with clients. To be billed per client per hour attended. Group is facilitated by someone who is certified BIP Facilitator and with a:
 - (1) Master’s or Doctorate degree with a current license issued by the Indiana Behavioral Health and Human Services Licensing Board as one of the following:
 - (a) Social Worker
 - (b) Clinical Social Worker
 - (c) Marriage and Family Therapist
 - (d) Mental Health Counselor
 - (e) Marriage and Family Therapist Associate
 - (f) Mental Health Counselor Associate
 - (2) Master’s Degree with a temporary permit issued by the Indiana Behavioral Health and Human Services Licensing Board as one of the following:
 - (a) Social Worker
 - (b) Clinical Social Worker
 - (c) Marriage and Family Therapist
 - (d) Mental Health Counselor
 - (3) Master’s degree in a related human service field and employed by an organization that is nationally accredited by the Joint Commission, Council on Accreditation or the Commission on Accreditation of Rehabilitation Facilities. That individual must also:

- (a) Complete a minimum of 24 post-secondary semester hours or 36 quarter hours in the following coursework:
 - (i) Human Growth & Development
 - (ii) Social & Cultural Foundations
 - (iii) Group Dynamics, Processes, Counseling and Consultation
 - (iv) Lifestyle and Career Development
 - (v) Sexuality
 - (vi) Gender and Sexual Orientation
 - (vii) Issues of Ethnicity, Race, Status, and Culture
 - (viii) Therapy Techniques
 - (ix) Family Development and Family Therapy
 - (x) Clinical/Psychiatric Social Work
 - (xi) Group Therapy
 - (xii) Psychotherapy
 - (xiii) Counseling Theory & Practice
 - (4) Individual must complete the Human Services Related Degree Course Worksheet.
 - (a) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.
 - (b) Transcripts must be attached to the worksheet.
 - (5) Individuals who hold a Master or Doctorate degree that is applicable toward licensure, must become licensed as indicated in 1 (a and b) above.
2. Not included are routine report writing and scheduling of appointments, collateral contacts, travel time, and no shows.
- a) These activities are built into the cost of the group rate and shall not be billed separately.
3. Child and Family Team Meetings
- a) Includes only Child and Family Team Meetings or case conferences initiated or approved by the DCS or Probation for the purposes of goal directed communication regarding the services to be provided to the client/family.

- B. Interpretation, Translation, and Sign Language Services
1. The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.
 2. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.
 3. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service.
 4. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
 5. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.
 6. If the agency utilizes their own staff to provide interpretation, they can only bill for the interpretation services. The agency cannot bill for performing two services at one time.
- C. Court
1. The provider of this service may be requested to testify in court.
 2. A Court Appearance is defined as appearing for a court hearing after receiving a written or email request or subpoena from DCS to appear in court, and can be billed per appearance.
 3. If the provider appeared in court two different days, they could bill for 2 court appearances.
 - a) *Maximum of 1 court appearance per day.*
 4. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- D. Reports
1. If the services provided are not funded by DCS, the 'Reports' hourly rate will be paid
 2. DCS will only pay for reports when DCS is not paying for these services
 3. A referral for 'Reports' must be issued by DCS in order to bill
- E. Alternative DV Batterer Intervention
1. Alternative approaches (e.g. other models) with special approval from DCS.
 2. Providers must submit detailed plans/curriculum to DCS. DCS may request additional review by ICADV.

VII. When DCS Is Not Paying For Services

- A. A billable unit of “Reports” has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay), but DCS wants a report from the provider on the progress of the client/family.
- B. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences.
- C. DCS will only pay for reports when DCS is not paying for these services.
- D. If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS.
- E. Court testimony will be paid per appearance if requested on a referral form issued by DCS.
- F. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

VIII. Case Record Documentation

- A. Case record documentation for service eligibility must include:
 - 1. A completed, and dated DCS/ Probation referral form authorizing services
 - 2. Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for these documents from referral source.
 - 3. Safety issues and Safety Plan Documentation
 - 4. Documentation of Termination/Transition/Discharge Plans
 - a) May include recommendations for subsequent services
 - 5. Service Plan
 - a) Must incorporate DCS Case Plan Goals and Child Safety goals.
 - b) Must use Specific, Measurable, Attainable, Relevant, and Time Sensitive goal language
 - 6. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
 - a) Provider recommendations to modify the service
 - b) If DCS is not paying for the service, if the client is paying group fees timely or not
 - c) If client has violated the group rules and which one was violated
 - 7. Progress/Case Notes Must Document: Date, Start Time, End Time, Participants, Individual providing service, and location
 - 8. When applicable Progress/Case notes may also include:
 - a) Service plan goal addressed
 - b) If client has admitted to or acknowledged the reasons for referral
 - c) Recommendations for other services

- d) Barriers, which may include but are not limited to, what is preventing the client from completing the service
- e) Description of Intervention/Activity used towards service plan goal
- f) Collaboration with other professionals
- g) Consultations/Supervision staffing
- h) Crisis interventions/emergencies
- i) Attempts of contact with clients, FCMs, foster parents, other professionals, etc.
- j) Communication with client, significant others, other professionals, school, foster parents, etc.
- k) Summary of Child and Family Team Meetings, case conferences, staffing

9. Supervision Notes must include:

- a) Date and time of supervision and individuals present
- b) Summary of Supervision discussion including presenting issues and guidance given.

IX. Service Access

- A. All services must be accessed and pre-approved through a referral form from the referring DCS staff.
- B. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required.
- C. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS.
- D. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. Adherence to DCS Practice Model

- A. Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.
- B. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

XI. Interpreter, Translation, and Sign Language Services

- A. All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing- impaired.
- B. Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.

- C. Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.
- D. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).
- E. Sign Language should be done in the language familiar to the family.
- F. These services must be provided by a non-family member of the client, be conducted with respect for the socio-cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.
- G. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.
- H. No side comments or conversations between the Interpreters and the clients should occur.

XII. Trauma Informed Care

- A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (<http://www.samhsa.gov/nctic/>):
 - 1. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
 - 2. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
 - 3. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.
 - 4. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization

- B. Trauma Specific Interventions: (modified from the SAMHSA definition)
 - 1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
 - 2. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
 - 3. The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

XIII. Training

- A. Service provider employees are required to complete general training competencies at various levels.
- B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee's level of work with DCS clients.
- C. Training requirements, documents, and resources are outlined at:
<http://www.in.gov/dcs/3493.htm>
 - 1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.
 - 2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.
 - 3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

XIV. Cultural and Religious Competence

- A. Provider must respect the culture of the children and families with which it provides services.
- B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
- C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.
 - 1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
 - 2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
 - 3. The guidebook can be found at:
<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>

- D. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.
- E. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

XV. Child Safety

- A. Services must be provided in accordance with the Principles of Child Welfare Services.
- B. All services (even individual services) are provided through the lens of child safety.
 - 1. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.
 - 2. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statute, IC 31-33-5-1.
- C. All service plans should include goals that address issues of child safety and the family's protective factors.